



Transport Leasing/Contract, Inc.

Payroll Plus Corporation

The Labor Source, Inc.

COMMERCIAL DRIVER APPLICATION COVER PAGE/INSTRUCTIONS

Completed paperwork can be sent to
apps-screening@tlccompanies.com or fax 219-926-9627

The following forms are required to begin screening an applicant:

- ☐ TLC Application (4 pages)
- ☐ Essential Job Function Worksheet
- ☐ Request for information from a previous employer (*top portion must be signed/dated by applicant*).
- ☐ General Consent for Limited Queries of the FMCSA Drug and Alcohol Clearinghouse
- ☐ Background Check Disclosure and Authorization Form (*includes FCRA Summary of Rights to be given to applicant*)

☐ Personal & Confidential Medical Review Form - *After you receive a Pre-Approval notification from TLC and you have extended a conditional job offer to the applicant we will need the driver to complete this form (available separate from this application packet). TLC can also obtain this information over the phone from the driver (after a conditional offer of employment has been extended) upon your request. This medical information will be reviewed by TLC and you will then receive a notification of a final decision (Approved: Pending Payroll or Denied) from TLC. DRIVERS ARE NOT APPROVED TO BEGIN WORK UNTIL YOU RECEIVE NOTIFICATION OF A FINAL APPROVAL, AND ALL REQUIRED PAYROLL PAPERWORK HAS BEEN RECEIVED BY TLC.

The following items are required before payroll will be processed for a new hire who has been APPROVED by TLC:

- ☐ Driver's Co-Employee Acknowledgement, signed and dated by driver (*driver keeps one copy*)
- ☐ Federal Form W-4
- ☐ State tax withholding form (*if applicable*)
- ☐ Employment Eligibility Verification Form (I-9); *the driver fills out the top portion and signs by Employee Signature. Section 2 to be completed by the person witnessing the documents (copies of documents used should be included). Person witnessing the documents must also sign the Certification section.*
- ☐ Pre-employment drug screen results
- ☐ Medical Certification must be current on Motor Vehicle Record (MVR)
- ☐ Signed receipt for Worksite Employer Employee Handbook (*handbook should be given to each employee; receipt in handbook should be signed by employee and returned to TLC*).

Some states have forms that employers are required to give employees at the time of hire – contact TLC for forms or information, if applicable to this applicant:

- Colorado – affirmation of legal work status
- Maryland – employee pay notice
- Minnesota – employee notice wage form
- New Jersey – family leave law notice, employer record keeping notice, unemployment/disability benefits notice
- New York - employee pay notice (labor law 195)
- Pennsylvania – residency certification form
- South Carolina – terms of employment notice
- Texas – workers compensation notice to new employees

The following forms are optional:

- ☐ Equal Employment Opportunity Form
- ☐ Direct Deposit Authorization Form

The following forms are only required if your company is interested in our complimentary compliance service:

- ☐ Alcohol and Controlled Substance Co-Employee's Certified Receipt
- ☐ Certificate of Compliance
- ☐ Motor Vehicle Certification / Annual Review of Driving Record (*not needed at time of hire*)
- ☐ FMCSR Driver's Receipt
- ☐ Driver Statement of On-Duty Hours

**You are required to comply with the Fair Credit Reporting Act with respect to any consumer reports you are provided by TLC.*



Corporate Offices
6160 Summit Drive N., Suite 500
Brooklyn Center, MN 55430 763-585-7000

☐ Transport Leasing/Contract, Inc.
☐ Payroll Plus Corporation
☐ The Labor Source, Inc.

APPLICATION FOR EMPLOYMENT COMMERCIAL DRIVER

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440
Fax 219-926-9627

In compliance with Federal and State Equal Employment Opportunity Commission (EEOC) laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, genetic information, or any other protected classification under local, state or federal law.

For Co-Employment with/ TLC Client Name: _____
TLC Client Address: _____

Position Applying For: _____ Type of Truck _____
Local _____ OTR _____ License Type/Class required: A B C Other _____

DATE OF APPLICATION: ____/____/____ All questions on this form must be completed. Please Print and Use Ink.

Name: _____ Last First Middle		Social Security Number: _____	
Address: _____		County: _____	
City, State, Zip: _____		Home Phone: () Can this phone receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO Mobile Phone: () Can this phone receive text messages? <input type="checkbox"/> YES <input type="checkbox"/> NO Email: _____	
Address For Past Three Years	Street City State & Zip Code		How Long?
	Street City State & Zip Code		How Long?
Date of Birth ____/____/____ (Required for Commercial Drivers)		Have you applied or worked for TLC Before? <input type="checkbox"/> Yes <input type="checkbox"/> No Who referred you to TLC? _____	

Do you have the legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		List any local, city or county taxes you are subject to: _____	
Are you now employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, how long since leaving your last employment: _____		What school district do you live in? _____	
Is there any reason you <i>would not</i> be able to perform the functions of the job for which you are applying, with or without reasonable accommodation? (see attached Essential Job Function Worksheet) <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please explain below: _____ _____			

EMERGENCY INFORMATION

In case of emergency, contact:	Name: _____	Relationship: _____	Phone Number: _____ ()	City, State: _____
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EMPLOYMENT HISTORY

All drivers must provide the following information on all employers during the preceding three years. List complete address and phone number for each employer. If applying for a position driving a commercial motor vehicle* you must also provide an additional seven years of employment information for those employers for whom the applicant operated a commercial motor vehicle (a total of 10 years). Your present and previous employers will be contacted for the purpose of investigating your safety performance history as required by 391.23 of the FMCSRs.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Present or most recent EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			
EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			

* Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EMPLOYMENT HISTORY CONTINUED

EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			

EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			

EMPLOYER		DATES	
NAME:		FROM MO. YR.	TO MO. YR.
ADDRESS:		POSITION HELD:	
CITY:	STATE: ZIP:	Were you subject to the FMCSRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PHONE #: ()	REASON FOR LEAVING:	Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT PERSON:			

EXPERIENCE AND QUALIFICATIONS - DRIVER				
DRIVER LICENSES	STATE	LICENSE NO.	TYPE (A, B, etc.)	EXPIRATION DATE
	ENDORSEMENTS:			
<p>A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?.....YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>B. Has any license, permit or privilege ever been suspended or revoked?YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>C. Have you tested positive for, or refused to take, a pre-employment or random Drug and/or Alcohol test in the past Three (3) years?YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p align="right"><i>**If you answered yes to any of these questions, please provide details on a separate sheet**</i></p>				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM: TO:		APPROX. NO. MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

DRIVING RECORD

ACCIDENT RECORD FOR PAST FIVE YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES			NATURE OF ACCIDENT	FATALITIES	INJURIES
Mo.	Day	Yr.	(HEAD-ON, REAR-END, UPSET, ETC.)		
LAST ACCIDENT: / /					
NEXT PREVIOUS: / /					
NEXT PREVIOUS: / /					

**HOURS OF SERVICE VIOLATIONS, TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST FIVE YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	1	2	3	4	5	6	7	8	HIGH SCHOOL	1	2	3	4	COLLEGE	1	2	3	4
LAST SCHOOL ATTENDED NAME:										DATE:								

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN THOSE SHOWN ELSEWHERE IN THIS APPLICATION:

PLEASE READ AND SIGN BELOW

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I understand that consumer reports may be requested from consumer reporting agencies such as HireRight. These reports may include: previous employer verifications, reasons for termination, accidents, driving records, workers compensation claims, etc. I further understand that such reports may contain information from federal, state or other agencies. I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I further authorize The TLC Companies to release any and all information regarding myself to any of its TLC's Worksite Employer clients with which I may be co-employed. You have the right to review information provided to us by your previous employers and have any errors in such information corrected by your previous employer as stated in section 391.23 (i) of the FMCSRs. Should you wish to review this information you must submit a written request to us, your prospective employer, as stated in section 391.23 (i) of the FMCSRs.

I authorize, per 49 CFR Part 40 of FMCSRs, the release of information from my DOT regulated drug and alcohol testing records by my previous employers to HireRight for the sole purpose of transmitting such records to The TLC Companies and its representatives/agents/clients. I authorize the release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of drug and alcohol rule violation(s); and (vi) documents, if any, of completion of return-to-duty process following a rule violation. I hereby authorize my worksite employer to submit copies of my current and future drug test results to the TLC Companies. This authorization shall expire if and when my worksite employer is no longer a client of the TLC Companies. The information I have authorized HireRight to review involves tests required by the DOT. If any carrier/company/school for whom I was previously employed furnishes HireRight with information concerning items (i) through (vi) above, I also authorize that carrier/company/school to release and furnish the dates of my negative drug and/or alcohol tests with results below 0.04 during the three year period and the name and phone number of any substance abuse professionals who evaluated me during the past three years.

The TLC Companies participates in E-Verify, which means if you are hired information from your I-9 form will be provided to the Social Security Administration, and if necessary, the Department of Homeland Security, to confirm work authorization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature



PERSONAL & CONFIDENTIAL QUESTIONNAIRE COMMERCIAL DRIVERS

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440
Fax 219-926-9627

Congratulations, based on our initial screening, we are pleased to extend to you a conditional offer of employment. This offer is conditioned upon your successful completion of the remaining steps in our screening process, including but not limited to your completion of this questionnaire. You will be notified of your start date, subject to your completion of the questions provided below. This information is requested to ensure that you can safely perform the essential functions of the job and that you meet all applicable federal regulations & medical guidelines governing physical qualifications of commercial drivers. The information you provide below in questions 2 through 8 is considered personal, confidential and medical in nature and will be treated as such by handling it confidentially. This form should only be completed after you have received a conditional offer of employment. If you have not yet received a conditional offer of employment, you should not complete this form.

1. Have you ever been convicted of a felony (*only go back 7 years in San Francisco, CA & Philadelphia, PA; only go back 10 years in Hawaii*)? ☐ No ☐ Yes
If Yes, for each felony list conviction, date, city & state, sentence, release date & any other info you'd like to provide. Please include a separate sheet if needed. Answering Yes to this question will not automatically disqualify you from being hired.

2. Have you had any on the job injuries? ☐ No ☐ Yes
If Yes, for each injury list date of injury, employer at the time, cause of injury, how much time off from work, body part involved, and percentage of impairment if applicable:

3. Do you have or have you ever had any other injuries or illnesses, not on the job, which resulted in surgery, lost time from work, or hospitalization? ☐ No ☐ Yes
If Yes, for each injury/illness list date, cause, body part involved, how much time off from work and if there is any continuing treatment at this time:

4. Are you currently taking any prescribed medications? ☐ No ☐ Yes
If Yes, list what medications you are currently taking, for what condition you are taking the medication, and any side effects the medications have:

5. Do you currently have any medical restrictions or medical conditions that must be considered with your application pursuant to the Federal Motor Carrier Safety Regulations, 49 C.F.R. §391.41? (*i.e. current diagnosis of myocardial infarction, diabetes requiring insulin for control, seizures, allergic reactions, hearing loss, sleep apnea, etc.*) ☐ No ☐ Yes *If Yes, please explain:*

6. Are you currently under a doctor or chiropractor's care? ☐ No ☐ Yes
If Yes, please explain (including type of treatment and current restrictions):

7. Have you ever had any problems affecting your wrists, back, neck, shoulders or knees that would affect your ability to perform the duties of the position with or without reasonable accommodations? ☐ No ☐ Yes
If Yes, please explain:

8. Height: _____ Weight: _____

I hereby certify that the information contained on this form is true and correct and that there are no omissions. I authorize any physician, medical facility, past employers, and/or privileged agency by TLC, Inc. to furnish or verify workers compensation and medical information.

Signature of Applicant/Employee

Date

Printed Name

Social Security Number

TLC Client - Please complete the portion below after you have made a conditional job offer to the applicant:








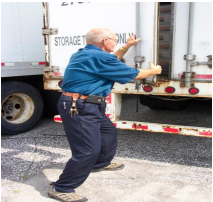


Applicant/Offeree Name:	Position Offered:	Date of Conditional Job Offer:
Anticipated Start Date:	Company (TLC Client) Name:	Name of person making job offer:



ESSENTIAL JOB FUNCTIONS WORKSHEET, AGILITY TESTING AND PRE – WORK SCREEN

This questionnaire is designed to reflect the physical demands associated with the most common tasks of a driver.

Simply check YES if you have the ability and NO if you do not have the ability to safely and regularly perform the task with or without reasonable accommodation.

	<p>1. Can you walk up and down a 12" step?</p> <p>Perform sustained work activities including: Loading / unloading freight, walk to / from a truck stop, perform repetitive clutching, perform pre- and post – trip inspections of truck?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>2. Can you Step/Step-Kneel/Kneel?</p> <p>Ability to: With or without a load step up to / down from the cab, the trailer and cat-walk</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>3. Can you do the Squats and Sit?</p> <p>Ability to: Perform repeated clutching, breaking, operating foot controls of a truck. Step up to / down from the cab or trailer Perform pre- and post-trip inspections Sit and drive for an 11 hour shift</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>4. Can you do a Floor to Waist Lift?</p> <p>Ability to: Load / unload freight Lift and move 100 lbs or more</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>5. Can you do a Front Carry for 50 feet?</p> <p>Ability to: Carry product /cargo the Length of the trailer</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>6. Can you do a Shoulder Lift?</p> <p>Ability to: Load / unload freight Raise the hood from the tractor</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>7. Can you do a Floor to Head Lift of 60 lbs?</p> <p>Ability to: Lift personal gear into the cab (i.e., duffle bag)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>8. Can you do a Horizontal Pull of 100 lbs of force or more?</p> <p>Ability to: Crank the dollies Open / close trailer doors Close / lower tractor hood Enter the tractor and trailer "Pull the 5th wheel" "Slide the tandem" Utilize a "pallet jack"</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>9. Can you Crouch?</p> <p>Ability to: Perform pre- and post-trip Inspections of the truck</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>10. Can you do a Horizontal Push of 100 lbs of force or more?</p> <p>Ability to: Crank the dollies Open / close trailer doors Utilize a "pallet jack" Operate steering, shifting, other mechanical or hydraulic controls of a truck Perform repetitive motion tasks with hands and wrists</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Prompt and reliable attendance is a job requirement.

I understand that any misstatement, omission, falsification or misrepresentation of fact on this form is grounds for withdrawal of the conditional job offer or termination of my employment if already employed.

Signature of Applicant

Date

Printed Name

Last 4 digits of SSN



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Transport Leasing/Contract, Inc.
Payroll Plus Corporation
The Labor Source, Inc.

Personnel Operations
802 Wabash Avenue, Suite 1
Chesterton, IN 46304
Ph 219 926 8440
Fax 219 926 9627

1st Attempt: _____

2nd Attempt: _____

3rd Attempt: _____

4th Attempt: _____

I hereby authorize you, a DOT-regulated employer for whom I have worked in the last 3 years, to release the following information to the TLC Companies for the purposes of investigation as required by 49 CFR Parts 391.23, 382.413, and 40.25 of the Federal Motor Carrier Safety Regulations. This information includes DOT drug and alcohol (including pre-employment testing) records, accident, and employment information. You are released from any and all liability which may result from furnishing such information. A SEPARATE FORM MUST BE SIGNED BY THE APPLICANT FOR EACH DOT REGULATED EMPLOYER FOR WHOM THE APPLICANT HAS WORKED IN THE LAST THREE (3) YEARS.

Date Applicant's Signature Applicant's Printed Name Last 4 digits of SSN

Previous Employer Name: _____ Email/Fax#: _____
Address: _____ Phone#: _____

*Applicant: Do NOT complete anything below this line.

The individual named above has applied to our company, or one of our client companies, for a commercial driver position and states that he/she was employed by your company as a(n) _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below.

Please return form via fax to 219-926-9627 Attention: _____, TLC Customer Service Rep.

1. Please <u>list</u> all employment dates:		and position:	
2. Did he/she drive a motor vehicle for you? <input type="checkbox"/> Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Other _____			
3. If tractor-trailer, what type of trailer? <input type="checkbox"/> Dry van <input type="checkbox"/> Flatbed <input type="checkbox"/> Reefer <input type="checkbox"/> Hopper <input type="checkbox"/> Dump <input type="checkbox"/> Lowboy <input type="checkbox"/> Tanker <input type="checkbox"/> Container			
4. Type of driving: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> OTR			
5. Was he/she on time and dependable? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Reason for leaving employ: <input type="checkbox"/> Discharged; reason _____ <input type="checkbox"/> Resigned <input type="checkbox"/> Layoff <input type="checkbox"/> Leave of Absence			
7. Is he/she eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No *If No, please explain: _____			
8. Did he/she have any DOT reportable accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No *If YES, please provide details (specify dates, fault, # of injuries, fatalities, property damage, hazardous spills, etc.):			
9. Comments regarding safety habits, awards, work ethics, skills, attitude, ability to perform job functions, etc.:			
10. In the past <u>3 years</u> did he/she:			
test 0.04 or greater for alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
test positive for a Controlled Substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
refuse to be tested while in your employ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
violate any other Drug/Alcohol prohibitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To your knowledge fail a drug or alcohol test for a previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES to any of the above questions, please provide date test was failed or refused: _____			
If YES to the above, did the driver follow the mandatory treatment steps? _____			
Person providing verification, please sign below:			
SIGNATURE: _____		PRINTED NAME/TITLE: _____	DATE: _____



Corporate Offices
6160 Summit Drive N., Suite 500
Brooklyn Center, MN 55430 763-585-7000

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

☐ Transport Leasing/Contract, Inc.
☐ Payroll Plus Corporation
☐ The Labor Source, Inc.

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440
Fax 219-926-9627

Please read carefully and completely before signing

Disclosure:

As part of your application for employment with TLC client and co-employment by The TLC Companies (the "Company"), the Company intends to obtain a consumer report and criminal background screen from one or more consumer reporting agencies. These consumer reports will be used for employment purposes within the meaning of the Fair Credit Reporting Act (the "FCRA"). To the extent you enter into a co-employment or contractual relationship with the Company, the Company may periodically obtain updated consumer reports and criminal background screens.

As required by the FCRA, this disclosure is to inform you that a consumer report, including information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be procured from time to time. Such reports may contain public information concerning your driving record, safety record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies, which maintain such records. Consumer reports and background checks are conducted only in accordance with state and local laws.

Should the information received in the consumer report be the reason in whole or in part for any adverse action taken against you by the Company, you may obtain a free copy of the consumer report from the consumer reporting agency so long as the report is requested within 60 days of notification of the adverse action. You have the right to dispute the accuracy or completeness of any information contained in the consumer report furnished by the consumer reporting agency.

Authorization:

This signed Authorization is my authorization and consent for the Company to procure consumer reports and criminal background reports from a consumer reporting agency from time to time as required by the Company for employment or contract purposes.

This authorization shall remain on file and shall serve as on-going authorization for the Company to procure consumer and criminal background reports at any time during my employment or contractual relationship and the qualification process with respect thereto. I understand that, upon termination of my employment or contract for any reason, this authorization shall be destroyed and of no further effect.

I hereby certify that I have read the foregoing and understand the contents of this Disclosure and Authorization. I also understand the remedies available to me should I disagree with the Consumer Reporting Agency with respect to the consumer report.

Signature: _____ Date: _____

Printed Name: _____ Last 4 digits of Social Security Number: _____

General Consent for Limited Queries of the
Federal Motor Carrier Safety Administration (FMCSA)
Drug and Alcohol Clearinghouse

I, _____ (Driver Name), hereby provide consent to Transport Leasing/Contract, Inc., Payroll Plus Corporation or The Labor Source, Inc. (hereafter the "TLC Companies") to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. The query right shall be unlimited for the duration of my co-employment by the TLC Companies.

I understand that if the limited query conducted by the TLC Companies indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the TLC Companies without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the TLC Companies to conduct a limited query of the Clearinghouse, the TLC Companies must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date



COMMERCIAL DRIVERS – CO-EMPLOYEE ACKNOWLEDGEMENT

☐ Transport Leasing/Contract, Inc.
☐ Payroll Plus Corporation
☐ The Labor Source, Inc.

Corporate Offices
6160 Summit Drive N., Suite 500
Brooklyn Center, MN 55430 763-585-7000

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440
Fax 219-926-9627

I understand and accept that the following are conditions of being a co-employee of my Worksite Employer and The TLC Companies ("TLC"):

1. I will adhere to Federal and State Department of Transportation regulations to which I and my Worksite Employer are subject.
2. I am a co-employee of TLC and the Worksite Employer for who I am driving.
3. Any on-the-job injury I suffer will be immediately reported to TLC so they may file a worker's compensation report of injury to the Indiana Worker's Compensation Board.
4. **I shall call in within 72 hours for potential referral to another Worksite Employer if the Worksite Employer that I am assigned to goes out of business; the Worksite Employer releases me for lack of work; the Worksite Employer has a temporary work slowdown; the Worksite Employer discharges me; or I quit my assignment with Worksite Employer. If I do not call TLC I will be classified as a 'voluntary termination' for unemployment compensation claim purposes. Referral Phone Number is 1-800-926-8440**
5. There shall be no alterations or repairs done on any of Worksite Employer's equipment without Worksite Employer's prior approval.
6. Any unauthorized alteration of this agreement by co-employee or Worksite Employer, will make the agreement null and void and co-employment with TLC Companies will terminate immediately.
7. I acknowledge having received, agree to familiarize myself with and acknowledge my responsibilities under the Federal Motor Carrier Safety Regulations Pocketbook and the Employee Handbook

With my signature below, I hereby certify that I have read and understand this COMMERCIAL DRIVERS CO-EMPLOYEE ACKNOWLEDGEMENT.

I ALSO ACKNOWLEDGE THAT I WAS GIVEN A COPY OF THIS SIGNED COMMERCIAL DRIVERS CO-EMPLOYEE ACKNOWLEDGEMENT FOR MY RECORDS. If any of the conditions do not meet with my approval, I will not accept employment or will resign my employment immediately.

Signature

Date

Print Name



Corporate Offices
6160 Summit Drive N., Suite 500
Brooklyn Center, MN 55430 763-585-7000

COMMERCIAL DRIVERS – CO-EMPLOYEE ACKNOWLEDGEMENT

☐ Transport Leasing/Contract, Inc.
☐ Payroll Plus Corporation
☐ The Labor Source, Inc.

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440
Fax 219-926-9627

I understand and accept that the following are conditions of being a co-employee of my Worksite Employer and The TLC Companies ("TLC"):

1. I will adhere to Federal and State Department of Transportation regulations to which I and my Worksite Employer are subject.
2. I am a co-employee of TLC and the Worksite Employer for who I am driving.
3. Any on-the-job injury I suffer will be immediately reported to TLC so they may file a worker's compensation report of injury to the Indiana Worker's Compensation Board.
4. **I shall call in within 72 hours for potential referral to another Worksite Employer if the Worksite Employer that I am assigned to goes out of business; the Worksite Employer releases me for lack of work; the Worksite Employer has a temporary work slowdown; the Worksite Employer discharges me; or I quit my assignment with Worksite Employer. If I do not call TLC I will be classified as a 'voluntary termination' for unemployment compensation claim purposes. Referral Phone Number is 1-800-926-8440**
5. There shall be no alterations or repairs done on any of Worksite Employer's equipment without Worksite Employer's prior approval.
6. Any unauthorized alteration of this agreement by co-employee or Worksite Employer, will make the agreement null and void and co-employment with TLC Companies will terminate immediately.
7. I acknowledge having received, agree to familiarize myself with and acknowledge my responsibilities under the Federal Motor Carrier Safety Regulations Pocketbook and the Employee Handbook

With my signature below, I hereby certify that I have read and understand this COMMERCIAL DRIVERS CO-EMPLOYEE ACKNOWLEDGEMENT.

I ALSO ACKNOWLEDGE THAT I WAS GIVEN A COPY OF THIS SIGNED COMMERCIAL DRIVERS CO-EMPLOYEE ACKNOWLEDGEMENT FOR MY RECORDS. If any of the conditions do not meet with my approval, I will not accept employment or will resign my employment immediately.

Signature

Date

Print Name

EMPLOYEE'S COPY

Employee's Withholding Certificate

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ► **Give Form W-4 to your employer.**
 ► **Your withholding is subject to review by the IRS.**

2020**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:
Claim
Dependents**

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ► \$ _____

Multiply the number of other dependents by \$500 ► \$ _____

Add the amounts above and enter the total here **3** \$ _____

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **4(c)** \$ _____

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

► **Employee's signature** (This form is not valid unless you sign it.) ► **Date**

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Corporate Offices
6160 Summit Drive N., Suite 500
Brooklyn Center, MN 55430 763-585-7000

EQUAL EMPLOYMENT OPPORTUNITY FORM EEOC

☐ Transport Leasing/Contract, Inc.
☐ Payroll Plus Corporation
☐ The Labor Source, Inc.

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440
Fax 219-926-9627

TLC files annual reports with the EEOC that identifies the makeup of our workforce. To assist us with this effort we request co-employees self-identify who they are. This is strictly voluntary, and our employees are under no obligation to provide this information to us. However, the information does help us to improve the accuracy of the information we provide to the EEOC. Although, you are under no obligation to do so, we would appreciate your completing and returning this form to us. Thank you.

Employee Name (please print)

Worksite Employer (if applicable)

Sex: ☐ Male ☐ Female

Race: ☐ White/Caucasian (not of Hispanic origin) ☐ Hispanic or Latino
☐ Black/African American ☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander
☐ Two or more races

Veteran: ☐ Yes ☐ No

For TLC/PPC/LSI use only:

EEOC job category: _____



Corporate Office
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

ALCOHOL AND CONTROLLED SUBSTANCE CO-EMPLOYEE'S CERTIFIED RECEIPT

Transport Leasing/Contract, Inc.
Payroll Plus Corporation
The Labor Source, Inc.

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440 Fax 219-926-9627

Co-Employee's Name

Company/Department

This is to certify that I have been provided educational materials that explain the requirements of § 382.601 and my Worksite Employer's policies and procedures with respect to meeting the requirements.

- _____
1. Designated person to answer questions about the materials.
- _____
2. Categories of drivers subject to part 382.
- _____
3. Information about the safety-sensitive functions and when compliance is required.
- _____
4. Specific information concerning prohibited driver conduct.
- _____
5. Circumstances under which a driver will be alcohol and/or drug tested.
- _____
6. Test procedures, integrity of the testing processes, and the validity of the test.
- _____
7. Explanation of what will be considered a refusal to submit to a test and the consequences.
- _____
8. Consequences for Part 382 Subpart B violations including removal from safety-sensitive functions and § 382.605 procedures.
- _____
9. Consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- _____
10. Drug & Alcohol Clearinghouse.
- _____
11. Information on the effects of alcohol and controlled substances use on an individual's health, work, personal life, signs and symptoms of a problem, available methods of intervening when a problem is suspected, and
- _____
12. Other information:

Co-Employee's Signature

Date

Authorized Employer Representative

Date



Corporate Office
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

Transport Leasing/Contract, Inc.
Payroll Plus Corporation
The Labor Source, Inc.

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440 Fax 219-926-9627

MOTOR CARRIER INSTRUCTIONS: Part 383 applies to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, transports more than 15 people, or transports hazardous materials that require placarding.

Part 391 applies to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, transports more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain requirements that a driver must comply with.

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial motor vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require you to notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. Section 383.31 also requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____



Corporate Office
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 377-248-8360

MOTOR VEHICLE CERTIFICATION OF VIOLATIONS AND ANNUAL REVIEW OF DRIVING RECORD

Transport Leasing/Contract, Inc.
Payroll Plus Corporation
The Labor Source, Inc.

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440 Fax 219-926-9627

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27).

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
ADDRESS (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE
		EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
(If you have had no violations, check the following box - <input type="checkbox"/> None)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- ☐ Meets minimum requirements ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature _____ Date _____
Printed Name _____ Title _____



Corporate Office
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

DRIVER'S RECEIPT FMCSR POCKETBOOK

☐ Transport Leasing/Contract, Inc.
☐ Payroll Plus Corporation
☐ The Labor Source, Inc.

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440 Fax 219-926-9627

This issue of the FMCSR Pocketbook includes all revisions issued on or before June 3, 2019.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (ORS-7A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 382, 383, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

DRIVER'S SIGNATURE

DATE

COMPANY

COMPANY SUPERVISOR'S SIGNATURE

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's qualification file.



Corporate Office
6160 Summit Drive N., Ste. 500
Brooklyn Center, MN 55430 877-248-8360

DRIVER STATEMENT OF ON-DUTY HOURS (FOR NEWLY HIRED DRIVERS)

Transport Leasing/Contract, Inc.
Payroll Plus Corporation
The Labor Source, Inc.

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440 Fax 219-926-9627

When using a driver for the first time, Motor Carriers shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which the driver was last relieved from duty prior to beginning work for the carrier. Federal Motor Carrier Safety Regulations 395.8(j)(2). Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____

Social Security Number _____

Motor Vehicle Operator's License Number _____

Type of License _____ Issuing State _____

DAY	1 <small>(sunday)</small>	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge, and that I was last relieved from work at

_____ A.M.
_____ P.M. On _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

A driver must report to the carrier all on-duty time including time working for other employers.

Are you currently working for another employer? ☐ Yes ☐ No

Do you intend to work for another employer while still employed by this company? ☐ Yes ☐ No

I hereby certify that the information above is true. I also understand that once I become employed with this company, if I begin working for any additional employer(s), I must inform this company immediately of such employment activity.

Driver's Signature Date

Witness: _____
Company Representative Date